

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90091 046 \*\*\*\*61.25

**DOCUMENT # N96000001988**

1. Entity Name  
**FOREST LAKE SOCIAL CLUB, INC.**



Principal Place of Business  
6355 SPRING LAKE CIRCLE  
ZEPHYRHILLS, FL 33540

Mailing Address  
6355 SPRING LAKE CIRCLE  
ZEPHYRHILLS, FL 33540

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-3143131

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**EVANS, DOLORES**  
5849 TWILIGHT DRIVE  
ZEPHYRHILLS, FL 33540

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HAFFLEY, ANN**  
STREET ADDRESS **5729 VIAN WAY**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **VP** ☒ Delete  
NAME **MGINNIS, NANCY**  
STREET ADDRESS **5731 VIAV WAY**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **S** ☐ Delete  
NAME **MARCELLA, DONNA**  
STREET ADDRESS **6355 SPRING LK CIR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **D** ☐ Delete  
NAME **YESTA, NORA**  
STREET ADDRESS **6060 JESSUP DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **D** ☐ Delete  
NAME **LAPANNE, EILEEN**  
STREET ADDRESS **6033 PRESIDENTIAL CIR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **T** ☒ Delete  
NAME **WARD, SOPHIA**  
STREET ADDRESS **5936 UTOPIA DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **JOAN BILINSKI**  
STREET ADDRESS **5633 VIAN WAY**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **Treas** ☒ Change ☐ Addition  
NAME **MARCELLA, DONNA**  
STREET ADDRESS **6125 JESSUP DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **CONNIE ALKINS**  
STREET ADDRESS **5915 BENZ DR**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*X Ann M. Haffley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANN Haffley**  
**PRES**

Date

**813-783-8202**  
Daytime Phone #